

# TEACHER RECOMMENDATION FORM K-12<sup>TH</sup> GRADES

10760 THORN MINT RD, SAN DIEGO, CA 92127

[ADMISSION@GRACECHRISTIANSCHOOL.ORG](mailto:ADMISSION@GRACECHRISTIANSCHOOL.ORG)

(858) - 568 - 8696



Accredited by The Accrediting Commission for Supplementary Education, Western Association of Schools and Colleges.

*GRACE CHRISTIAN SCHOOL is dedicated to the spiritual, intellectual, and personal development of all students. We have created a nurturing environment where our students can discover their entire person. Grace Christian School welcomes your children to join our family and begin their successful future.*

Please complete this recommendation form for your application to **GRACE CHRISTIAN SCHOOL**, it must be completed and signed by a recommender teacher. Please submit via email this recommendation form along with **Current School Transcripts**, **Student Application Form**, and the **Application Fee** covered to complete your application.

## STUDENT INFORMATION (TO BE COMPLETED BY THE PARENT OR GUARDIAN):

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## RECOMMENDER INFORMATION (TO BE COMPLETED BY THE TEACHER):

TEACHER:

Full Name: \_\_\_\_\_ School Position: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

RECOMMENDATION:

Subject or Class Taught.: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

## DESCRIBE STUDENT'S ACADEMIC COMPETENCIES

Describe student major qualities and competencies:

\_\_\_\_\_

Describe student academic performance and success.

\_\_\_\_\_

Overall Recommendation:

\_\_\_\_\_

<b>ACADEMIC COMPETENCIES</b>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Uncertain</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Is a good listener and follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes things in a timely and accurate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one task to another with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes good use of materials and resources during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possess critical thinking and problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiments with new ideas and innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SOCIAL SKILLS AND DEVELOPMENT</b>	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
Conducts well in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts properly with classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possess emotional self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave from parents with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>LANGUAGE COMMUNICATION</b>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Recognizes letter names and sounds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to read words:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent reader:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening and Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express thoughts with clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PARENTAL INVOLVMENT IN STUDENT EDUCATION</b>	<i>Consistently</i>	<i>Usually</i>	<i>Rarely</i>	<i>Never</i>
Parents participate in their children's education and learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents get involved in school events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents collaborate with school and teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please describe parental expectations towards student:**

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*We appreciate your time and effort in providing this valuable information to continue with student successful future.*

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Parent / Guardian Signature

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Print Name

Date: \_\_/\_\_/\_\_

